



State of Washington  
Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

01 NOV -9 A10:45

For Ecology Use

Fee Paid \_\_\_\_\_

Date \_\_\_\_\_

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name \_\_\_\_\_ City of Puyallup \_\_\_\_\_ Home Tel: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mailing Address \_\_\_\_\_ 330 3rd St S.W. \_\_\_\_\_ Work Tel: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ 5481 \_\_\_\_\_

City \_\_\_\_\_ Puyallup \_\_\_\_\_ State WA \_\_\_\_\_ Zip+4 \_\_\_\_\_ 98374 \_\_\_\_\_ + \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ 6678 \_\_\_\_\_

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☐ Same as above

Name \_\_\_\_\_ Doug MacLean \_\_\_\_\_ Home Tel: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mailing Address \_\_\_\_\_ 1109 39th Ave SE \_\_\_\_\_ Work Tel: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ 5508 \_\_\_\_\_

City \_\_\_\_\_ Puyallup \_\_\_\_\_ State WA \_\_\_\_\_ Zip+4 \_\_\_\_\_ 98374 \_\_\_\_\_ + \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ 5437 \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 1000 ( ☒ gallons per minute or ☐ cubic feet per second) from a ☐ surface water source or ☒ ground water source (check only one) for the purpose(s) of domestic/municipal use. ATTACH A "LEGAL" DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient. See attached legal description for point of withdrawal.

Estimate a maximum annual quantity to be used in acre-feet per year: 1,613 ac-ft Within the City of Puyallup service area. See attached Legal Description for place of withdrawal.

☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:  
From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Section 4. WATER SOURCE

If SURFACE WATER						If GROUNDWATER		
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: Number of diversions: _____						A permit is desired for <u>one</u> well(s).		
Source flows into (name of body of water):						Size & depth of well(s): 0-500 ft 20-inch casing 500 - 900 ft 16-inch casing		
LOCATION								
Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner:								
¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
SE	NW	21	20N	4E	Pierce			
For Ecology Use Date Received: <u>11-9-01</u> Priority Date: <u>11-9-01</u>								
SEPA: Exempt/Not Exempt FERC License # _____ Dept. Of Health # _____								
Date Accepted As Complete <u>11-20-01</u> By <u>SE</u> Date Returned _____ By _____ WRIA: <u>10</u>								



## Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: \_\_\_\_\_ City of Puyallup \_\_\_\_\_
- B. Briefly describe your proposed water system. (See instructions.)

Water for City of Puyallup municipal use. The existing nearby Recreation Center Well (Well No. 17) is completed at a depth of 818 – 800 feet and supplies water to Zone 1, the lower zone. This well would be completed at a depth similar to the existing well and would serve to augment the supply from the existing well.

- C. Do you already have any water rights or claims associated with this property or system? ☒ YES ☐ NO  
PROVIDE DOCUMENTATION.  
See attached Report of Examination and Permit.

## Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION (Completed for all domestic/public supply uses.)

- A. Number of "connections" requested: \_\_\_\_\_ Type of connection \_\_\_\_\_ See Attached \_\_\_\_\_  
(Homes, Apartment, Recreational, etc.)
- B. Are you within the area of an approved water system? ☒ YES ☐ NO  
If yes, explain why you are unable to connect to the system. *Note: Regional water systems are identified by your County Health Department.*

**Complete C. and D. only if the proposed water system will have fifteen or more connections.**

- C. Do you have a current water system plan approved by the Washington State Department of Health? ☒ YES ☐ NO  
If yes, when was it approved? October 1, 1996. Please attach the current approved version of your plan.
- D. Do you have an approved conservation plan? ☐ YES ☒ NO  
If yes, when was it approved? See attached Please attach the current approved version of your plan.

## Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION (Complete for all irrigation and agriculture uses.)

- A. Total number of acres to be irrigated: \_\_\_\_\_
- B. List total number of acres for other specified agricultural uses:
- |           |             |
|-----------|-------------|
| Use _____ | Acres _____ |
| Use _____ | Acres _____ |
| Use _____ | Acres _____ |
- C. Total number of acres to be covered by this application: \_\_\_\_\_
- D. Family Farm Act (Initiative Measure Number 59, November 3, 1977, as amended by Chapter 237, Laws of 2001)  
Add up the acreage in which you have a controlling interest, including only:  
‡ Acreage irrigated under water rights acquired after December 8, 1977;  
‡ Acreage proposed to be irrigated under this application;  
‡ Acreage proposed to be irrigated under other pending application(s).
- Is the combined acreage greater than 6000 acres? ☐ YES ☐ NO
  - Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO  
If yes, enter permit no: \_\_\_\_\_
- E. Farm uses:  
Stockwater - Total # of animals \_\_\_\_\_ Animal type \_\_\_\_\_ (If dairy cattle, see below)  
Dairy - # Milking \_\_\_\_\_ # Non-milking \_\_\_\_\_

## Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

☒ YES ☐ NO

*NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.*

## Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

From Olympia – Take I-5 north to SR 512 east. Get off on to Meridian Avenue (SR 161) heading north. Cross the the Puyallup River and turn left (west) on Valley Avenue. Go ½ mile to the Recreation Center.

From Seattle – Get onto SR 167 south. Go to the end at Meridian Avenue (SR 161) Go right (north) then quick left (west) onto Valley Avenue. Go ½ mile to the Recreation Center.

## Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

See attached map

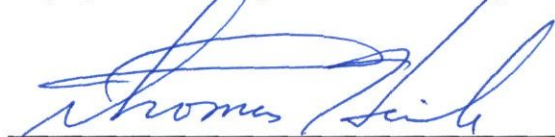
## Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used? ☐ YES ☒ NO  
If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

The City of Puyallup Supplies water for domestic commercial, industrial and agricultural use within its service area.

B. Does the applicant own the land on which the water source is located? ☒ YES ☐ NO  
If no, submit a copy of agreement:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.



Applicant (or authorized representative)

Nov 6, 01

Date

Same

Landowner for place of use (if same as applicant, write "same")

Date



Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

6A – Water Right at this location will be used to replace the Water Right at Well No. 14 adjacent to Clark’s Creek.

8 – Water pumped from this well will enter the Puyallup distribution and storage system. The City is planning on a new reservoir to expand storage in Zone 1 but the construction of this reservoir is unrelated to this water right application.

We are returning your application for the following reason(s):	
____ Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
____ Section number(s) _____ is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	
Please provide the additional information requested above and return your application by _____ (date).	

Ecology staff \_\_\_\_\_ Date \_\_\_\_\_